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NEW JERSEY STATE DEPT. OF EDUCATION

REPORT ON A SURVEY OF EIGHTY-FIVE GENERAL HOSPITALS IN NEW JERSEY

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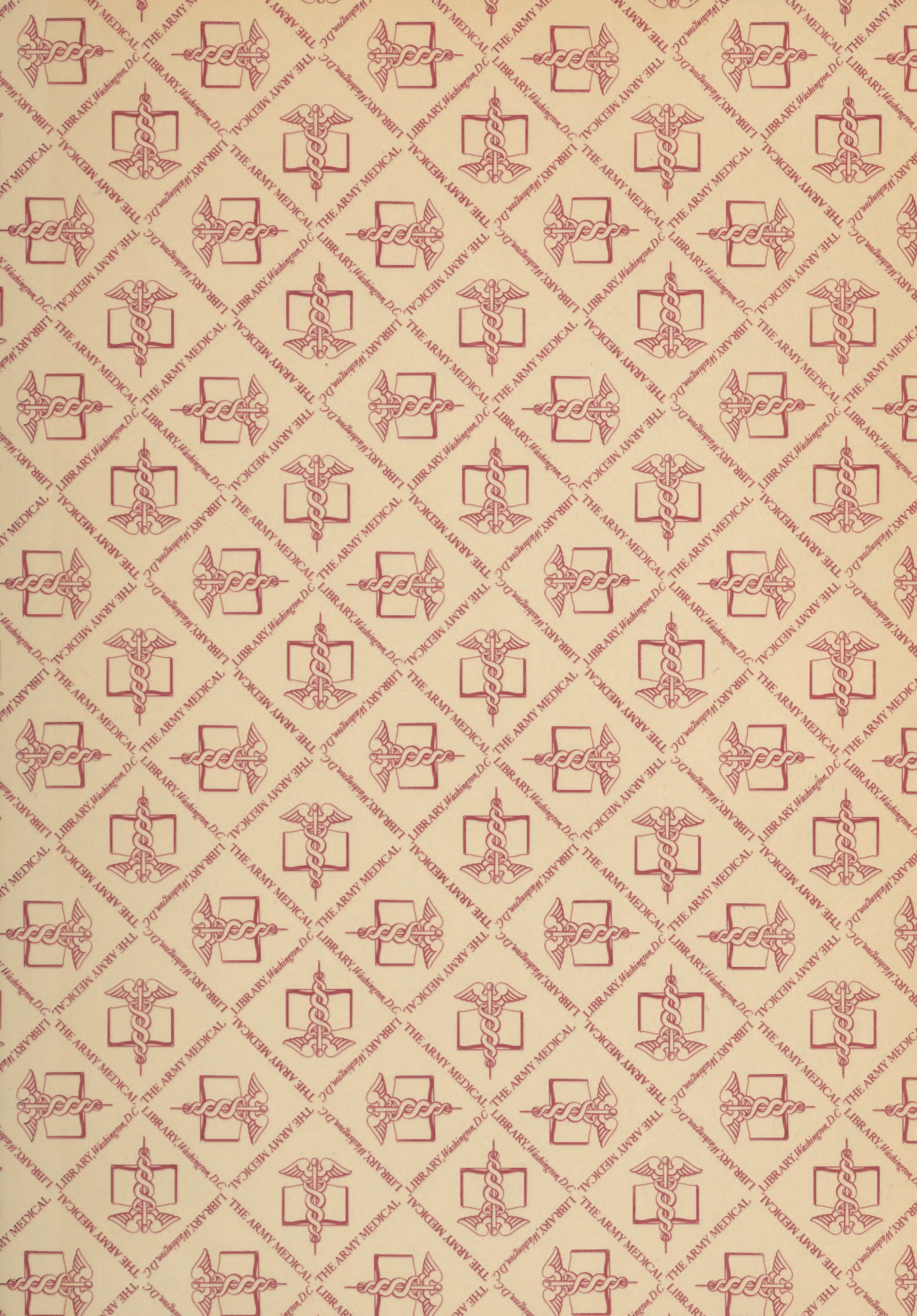
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REPORT ON A SURVEY

OF

Eighty-five General Hospitals in New Jersey

Conducted by

State of New Jersey
Department of Education
Division Against Discrimination
Newark

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State of New Jersey
Department of Education
Division Against Discrimination
1060 Broad Street
Newark 2

Study authorized by:

State Council Against Discrimination

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November, 1949

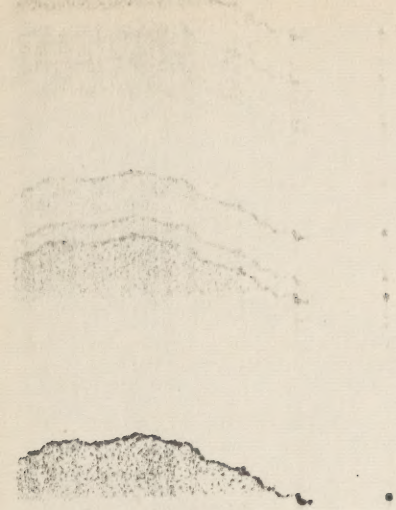
State of New Jersey
Department of Education
Division Against Discrimination
Newark

(2) 27 C25

FOREWORD

The State Council Against Discrimination, in keeping with the provisions of Chapter 169 of the Laws of 1945, authorized the Division Against Discrimination to make a survey of general hospitals in New Jersey. The purpose of the survey was to ascertain the facts regarding practices of general hospitals in New Jersey as they relate to minority groups. At that time, the State Council was charged with the responsibility of being concerned with problems of discrimination in all or specific fields of human relationships.

Since then, Chapter 169 has been amended by Chapter 11 of the Laws of 1949. One of these amendments gives to the Commissioner of Education with the approval of the State Commission on Civil Rights, the authority to issue results of investigation and research. This applies particularly to projects tending to promote good will and to minimize or eliminate discrimination because of race, creed, color, national origin or ancestry. It is hoped that this study will help to accomplish the above.



Scope and Method of Survey

The purpose of the study was to determine the availability of facilities for treatment of minority group patients as well as employment and professional training opportunities for minority group members. The Division confined this particular study to general hospitals that received some financial assistance from public contributions and tax funds. This study did not include federal, state or county institutions. It should also be understood that most hospitals are "private" institutions, in that they are owned and controlled by sectarian or other non-profit organizations or corporations. Accordingly, they are exempt from the legal provisions of the Laws Against Discrimination. Experience has taught the Division that a statement of policy does not necessarily mean adherence by everyone effected by such a policy. This inquiry, therefore, has been conducted upon a plane of objectivity uninfluenced by rumor, reports or suspicions.

Before ascertaining the nature and extent of hospital relations and practices, it was necessary to seek the classification and number of general hospitals in New Jersey. The Division received the cooperation of the New Jersey Hospital Association throughout the survey. Helpful data were secured from the Journal of the American Medical Association of August 1948.

Contacts were also made with the New Jersey Department of Health and the State Department of Institutions and Agencies. From all sources a total of 85 general hospitals, covering 21 counties, was listed and included in this survey.

A monthly bulletin of the New Jersey Hospital Association carried an article informing hospitals that a field survey would be initiated by the Division Against Discrimination requesting their co-operation.

Throughout this study the reader will find greater emphasis placed upon the status of Negroes in the general hospital picture in New Jersey than upon any other minority group. This is due to the more readily available information growing out of traditional racial practices. In using the term "other minority groups" it will be noted that Jews and Italians are referred to directly in some parts of this report. Italians as a national origin group have been mentioned specifically: (1) as the largest national origin group in New Jersey; (2) as that group most widely distributed throughout the State; (3) as the national origin group encountering discrimination with greater frequency in some sections of the State.

The Treatment and Reception of Patients

The standards of health maintained by the citizens of New Jersey, as in any state, are determined largely by the availability of medical care facilities. This survey revealed that 85 hospitals located in 21 counties of New Jersey, were able to offer a total of 14,779 beds and 2,996 bassinets to New Jersey citizens.

Negroes, who constitute a total of 226,973 or 5.5 per cent of New Jersey's 4,160,165 people, according to the 1940 United States census, have access to 84 of the 85 hospitals housing 98.8 per cent of the beds

included in this survey. However, Negroes did not have access to all of these beds. Further analysis of the 84 hospitals that received Negroes as patients, disclosed the fact that the percentage of beds available to Negroes is lower than a preliminary examination of the data seemed to indicate. For instance, in two hospitals Negroes were not admitted as ward patients although other minorities were so received. The number of beds involved in these situations was not available at this point.

The number of hospital beds available for Negroes grew less when it was ascertained that 13 of the 85 hospitals do not permit Negroes to have semi-private rooms. One other hospital, in the past, had allowed Negroes to have semi-private rooms, but such service is not extended at present. Four other hospitals have made semi-private rooms available to Negroes occasionally, but only "if absolutely necessary". In one of the 85 hospitals which had no ward accommodations, Negroes were placed in a separate section.

It is easily understandable from these facts how difficult it is to state with any certainty the number of beds available for Negroes in New Jersey. This problem was further complicated by economic considerations. Some families do not have the necessary financial means to demand semi-private or private room service.

In 77 of the 85 hospitals surveyed, Negroes and whites were placed in the same wards. This practice was carried out generally without any difficulty. Six hospitals segregated Negro patients from white by placing them in separate wards. Two other hospitals had no wards.

The placing of Negro and white patients in the same semi-private room seemed to constitute a problem for a number of hospitals. In 54 of the 85 hospitals, Negroes and whites were permitted to share semi-private

rooms, but 25 hospitals would not mix Negro and white patients. Four other hospitals occasionally placed colored and white patients together in a semi-private room, and the policies of two other hospitals were not ascertained. Typical statements of some of the hospital officials who have experienced no difficulties or problems resulting from the mixing of Negro and white in semi-private rooms follow:

> "Only once in a while do we hear any objections from white patients when a Negro is placed in the same semi-private room. We don't do a thing about it."
>
> "I never had any situation develop where a white patient objected too seriously if a Negro patient was placed in the same room."
>
> "No fuss is made when semi-private mixing occurs."

In those hospitals where whites and Negroes were placed in the same semi-private room and objections arose, or where the hospital officials were reluctant to pursue such a policy the following statements were recorded:

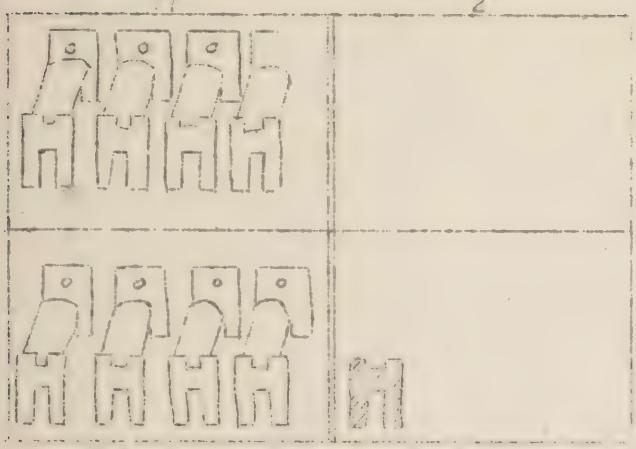
> "Negroes are placed in semi-private rooms only when there is no objection from the white patient."
>
> "When a Negro patient applies for a semi-private room he is given a private room at semi-private rates. This is due to objection of white patients to Negro visitors - too many."

This latter practice is discriminatory in nature toward white patients who must pay private rates for private rooms. The statement was made in several instances that "Negroes have too many visitors."

AVAILABILITY OF HOSPITAL FACILITIES

WARDS AVAILABLE

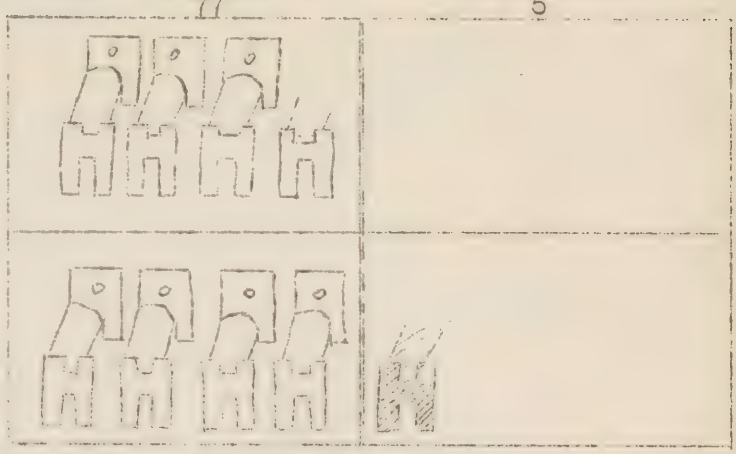
Admitted 77 | Not Admitted 2



Each symbol represents 10 hospitals where Negroes are admitted or not admitted to wards.

WARDS ASSIGNMENT

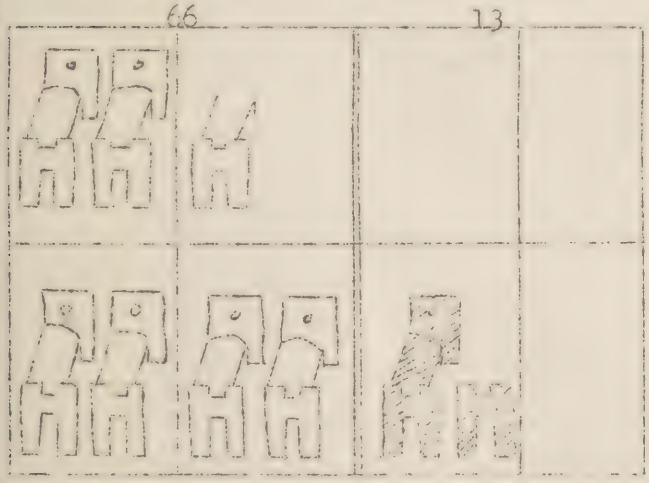
Non-Segregated 77 | Segregated 6



Each symbol represents 10 hospitals where Negroes are admitted to wards on a non-segregated or segregated basis. Jews and Italians were admitted to all wards.

SEMI-PRIVATE ROOMS AVAILABLE

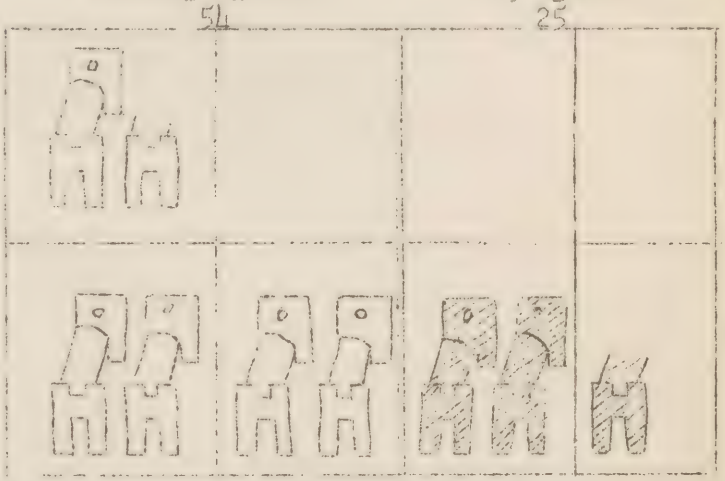
Admitted 66 | Not Admitted 13



Each symbol represents 10 hospitals where Negroes are admitted or not admitted to semi-private rooms.

SEMI-PRIVATE ROOM ASSIGNMENT

Non-Segregated 54 | Segregated 25

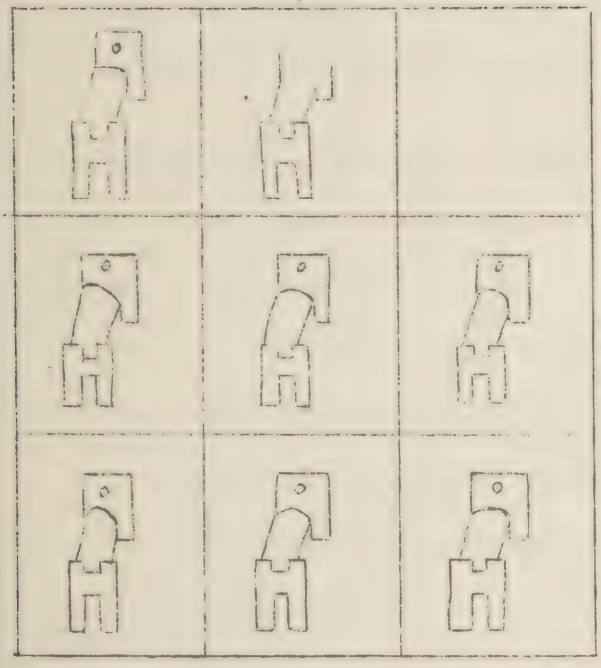


Each symbol represents 10 hospitals where Negroes are admitted to semi-private rooms on a non-segregated or a segregated basis. Italians were assigned to semi-private rooms in all hospitals. Jews were assigned semi-private rooms in 84 hospitals. The policy of one hospital regarding Jewish patients in semi-private rooms was not stated.

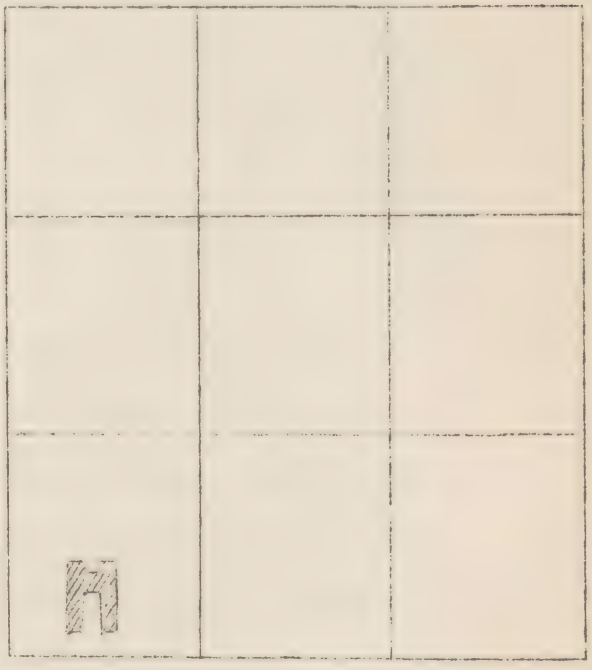
AVAILABILITY OF HOSPITAL FACILITIES

PRIVATE ROOMS

Admitted
78



Not Admitted
4



Each symbol represents 10 hospitals where Negroes are admitted to private rooms. Jews and Italians are admitted to private rooms in all hospitals.

Yet, the practice of permitting only two or three visitors to see a patient at the same time was rigidly enforced in this particular hospital. This is considered generally to be good administrative practice.

Negro patients were admitted to private rooms in 78 of the 85 hospitals while only 4 hospitals would not accept Negroes in private rooms. Three additional hospitals occasionally admitted Negroes to private rooms, but did so only "if absolutely necessary".

Employment of Qualified Nurses

Governor Driscoll's Committee on Civil Liberties reported on April 22, 1948, that:

"Discrimination against doctors, nurses and internes in hospitals varies in different parts of the State. Public hospitals maintained solely by taxation have been obliged to do away with discrimination because of the pressure of public opinion since the law against discrimination covers all such public institutions.

"Most hospitals, however, are quasi-public institutions. They get their money from the public but exercise private control over their facilities. They are admitting Negro nurses in increasing numbers, but a majority of them still refuse even courtesy privileges to women doctors and Negro doctors."[1]

1. Civil Liberties in New Jersey - A report submitted to the Honorable Alfred E. Driscoll, April 22, 1948 - p. 16.

Before 1940, general hospitals employing Negro nurses were so few in number as to be negligible. In January 1947, a survey made by the former Urban Colored Population Commission reported that 21 of 114 hospitals studied, employed Negro nurses. Within a two-year period, hospital officials had so changed their policies and attitudes that 37 of the 85 hospitals surveyed by the Division Against Discrimination employed Negro graduate nurses. This trend indicates a tremendous advance in the thinking and practices of hospital administrators regarding the practicability of engaging Negro nurses.

The number of hospitals that have employed Negro nurses during that period is even more significant upon further examination of the data. The Urban Commission figures - 21 of 114 hospitals employing Negro nurses in January 1947 - included federal, state, county and municipal hospitals, whereas the Division's study embraced general hospitals, only two of which are supported entirely by public funds.

During that two-year period not only has the number of Negro nurses increased, but the period has witnessed the promotion of Negro nurses to supervisory positions. In at least three instances, Negro nurses were supervisors in maternity wards.

The technique of introducing professional Negro nurses has been no different nor more difficult than methods employers have used in introducing minority group workers into industrial jobs. Some hospital officials hired the Negro graduate nurse first and then informed the medical staff and the Board of Trustees. In one instance where this procedure was followed, one of the medical staff members dramatically displayed his displeasure by boycotting the hospital, and when he

realized his displeasure was the result of prejudice, just as dramatically, he returned to the hospital, taking up where he had left off.

In many areas of employment, employers have stated on occasion that their white help would walk off the job if Negroes were employed. Contrary to these predictions, none of the white employees have quit work when Negroes were employed. Experiences in several hospitals where employees were reported to have uttered similar threats, were the same.

Other hospital officials simply announced to the staff that Negro nurses would start working at the hospital, and said no more. In a few instances, the hospital officials consulted with the nurses for opinions as to whether or not Negro nurses should be hired. An interesting story was told by one official:

"One day I received a telephone call. The caller stated that she had noticed the hospital ad in the local paper and wanted to know if the hospital would hire a Negro nurse. The person was informed to come to the hospital to discuss the matter. After the interview was over I thought that I would hire her.

"I told a director of another hospital about my selection. She wanted to know what the nurses' reactions would be --- would they work with her. She thought that I should ask all my nurses first before hiring the colored nurse.

"I said to myself: 'Suppose all of them had said, "No, -- don't employ any Negro nurses". Then, where would I be?'

"I hired this colored nurse and she became one of the best-liked nurses by all of the patients and the nurses themselves. Later on we hired a second Negro nurse. We never had any problem at any time along this line."

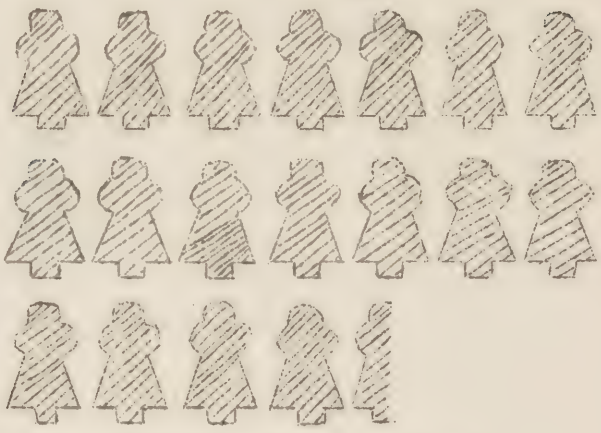
MINORITY REGISTERED NURSES IN HOSPITALS

NEGRO

1947

Employed
21

Not Employed
93



Each symbol represents 5 hospitals. These hospitals include federal, state, county, city and general hospitals. Statistics taken from study by Urban Colored Population Commission of hospitals in New Jersey 1947.

NEGRO

1949

Employed
37

Not Employed
36

Each symbol represents 5 hospitals.

JEWISH

1949

Employed
59

Not Employed
12

Each symbol represents 5 hospitals. The current survey of hospitals by the Division Against Discrimination included only 85 general hospitals, exclusive of governmental institutions.

MINORITY REGISTERED NURSES IN HOSPITALS

ITALIAN

Employed
62

Not Employed
7

1949

Each symbol represents 5 hospitals.

In addition to the 37 hospitals mentioned above, six other hospitals had in the past employed Negro nurses, although none were employed at the time of the survey. Thirty-six other hospitals have never engaged Negro nurses and 12 and 7 hospitals, respectively, have never employed Jewish and Italian nurses. Jewish nurses were found in 59 hospitals and Italian nurses in 62.*

It was found that in some hospitals Jewish girls did not apply for employment because the hospital was predominately of a different religious faith. However, some of these sectarian hospitals did employ Jewish nurses.

Explanations given as to why no Negro nurses were employed followed these trends:

"Don't recall any in the neighborhood."

"None ever apply or in vicinity."

One hospital official stated that she would like to employ Negro nurses but that she was afraid of the reactions that might occur in the community and among the nurses. Another hospital administrator did not employ any Negro nurses because he "did not have single rooms for them in the nurses' quarters".

Doctors' Privileges and Training of Internes

Along with the increased employment opportunities for Negro graduate nurses that occurred during the period 1947-49, there also developed expanded openings for Negro doctors to participate in courtesy privileges and staff memberships. Negro doctors enjoyed courtesy privileges in 46 of 83 hospitals that had courtesy staffs and were medical staff members in 19 of 64 hospitals having staff divisions. In 1947, the

*The reader will note that all job classifications and services under consideration in this text are not to be found in all of the 85 hospitals studied, i.e., schools of nursing, courtesy staffs, clinical staffs, resident physicians, etc. The policies of hospitals not accounted for were of little or no significance to the purposes of this study and in some instances, were unattainable at the time of this survey.

study of the Urban Colored Population Commission revealed that Negro doctors had courtesy privileges in only 28 of 114 hospitals.

Other minority group doctors were granted courtesy and staff privileges in nearly all of the hospitals. Seventy-six of 83 hospitals extended courtesy privileges to Jewish physicians and those same courtesies were granted to Italian doctors in 79 of the 83 hospitals. Staff memberships were granted to 71 and 75 Jewish and Italian doctors respectively. There were 36 hospitals in which Negroes were not in attendance as courtesy physicians; Jewish physicians in five hospitals, and Italian doctors in one hospital. Negro physicians were not staff members in 62 hospitals.*

In all instances where members of minority groups are not included in courtesy and service staffs, it must be remembered that this does not necessarily indicate discrimination. Also, it must be borne in mind that in many areas of the State, Negro specialists are not available for staff services. There are some areas in New Jersey, such as Sussex, Warren and Ocean Counties, that have no Negro doctors. In several such instances hospital officials have indicated that their facilities were open to Negro physicians, and some of these had Negro graduate nurses employed.

Other hospitals have stated that no Jewish, Negro or Italian doctors were on their staffs because none of them applied, or were living in the vicinity. These explanations seemed to be correct in regard to some hospitals, with the following statement expressing the sentiments of several administrators with specific reference to Negro doctors: "We would gladly take Negro doctors if they would only apply." In some cases, explanations of this nature seemed evasive since public hospitals

*See footnote Page 9.

COURTESY PRIVILEGES EXTENDED TO MINORITY PHYSICIANS

NEGRO

In Attendance
46

Not in Attendance
36

Each symbol represents 10 hospitals.

JEWISH

In Attendance
76

Not in Attendance
5

Each symbol represents 10 hospitals.

ITALIAN

In Attendance
79

Not in Attendance
1

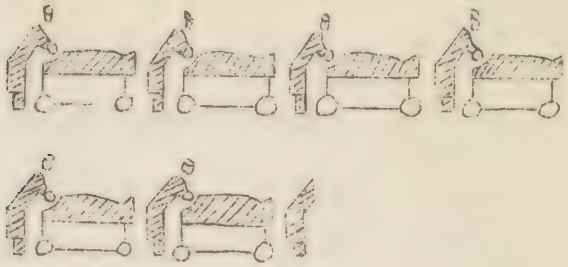
Each symbol represents 10 hospitals.

STAFF PRIVILEGES EXTENDED TO MINORITY PHYSICIANS

NEGRO

In Attendance
19

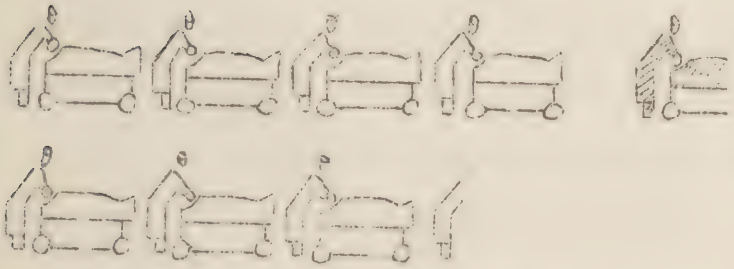
Not in Attendance
62



Each symbol represents 10 hospitals.

JEWISH

In Attendance
71

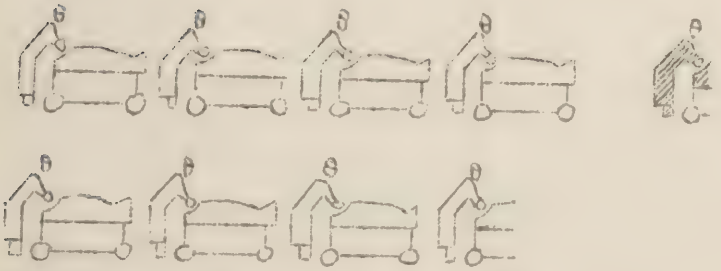


Not in Attendance
7

Each symbol represents 10 hospitals.

ITALIAN

In Attendance
75



Not in Attendance
4

Each symbol represents 10 hospitals.

in the same area extended courtesy and staff privileges to all qualified professional medical men in the community, including members of these minorities.

Hospitals having Negro physicians on their staffs reported no frictions or tensions developing as a result of their presence. One medical director stated: "We never have any friction or problems. The Negro doctor is a fine one."

Still another hospital official commented: "The Negro doctor is one of the most ethical men on the staff. That reminds me, I must call him and ask if he can serve as a resident physician tonight. You see, we have no regular resident physician. Each one of our staff doctors must serve a night as a resident physician." In the interviewer's presence, the Negro doctor was called and asked if he would be willing to serve as a resident physician for that night. He replied that he would and was listed accordingly.

One severe handicap that faced Negro physicians in some communities was evidence of disapproval by medical men and hospital officials of alleged aggressiveness and articulateness of Negro doctors regarding civil liberties in their home towns. In some such circumstances, Negro physicians have been penalized by denial of professional recognition or cooperation.

Another hospital director revealed that "young doctors will have to serve in a clinic first. After this period of service, they will be appointed to other positions in the hospital".

Negro physicians served in 7 clinics, whereas Jewish doctors were clinical staff members in 30 hospitals and Italian doctors in 32 of the hospitals surveyed. These minority groups were not in attendance in 31, 7 and 5 clinics, respectively.*

One of the largest general hospitals in the State of New Jersey** maintains some of the best administrative practices and policies in extending medical care to minority groups. Negro doctors, besides having courtesy privileges, clinical assignments, and medical staff membership, also enjoyed training opportunities as internes and resident physicians as well. Similarly, Jewish, Italian and other minority group doctors were represented on the professional staffs. In only one other hospital were Negroes serving in the capacity as internes, but in no other hospital as full time resident doctors.

Negroes as well as other minorities were engaged in this hospital as technicians, registered nurses and nurse trainees. Minority group workers were also employed as attendants and cooks.

The survey indicated that of the 85 hospitals visited, 33 of them did not have interne staffs and 22 did not have resident staffs. Of the 52 hospitals having interne staffs, 43 have never had Negro internes. It was "unknown" in five additional hospitals if Negroes had been or would be acceptable as internes. In two other hospitals, Negro doctors had formerly served as internes; however, no Negroes were so employed at present. Only two of the 52 hospitals currently had Negroes as internes.

*See footnote Page 9.

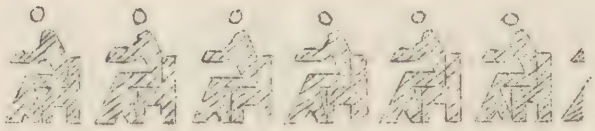
**Name will be furnished on request.

CLINICAL PRIVILEGES EXTENDED TO MINORITY PHYSICIANS

NEGRO

In Attendance
7

Not in Attendance
31



Each symbol represents 5 hospitals.

JEWISH

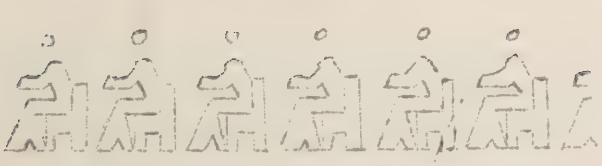
In Attendance
30

Not in Attendance
7

Each symbol represents 5 hospitals.

ITALIAN

In Attendance
32



Not in Attendance
5

Each symbol represents 5 hospitals.

INTERNE PRIVILEGES EXTENDED TO MINORITY PHYSICIANS

NEGRO

In Attendance	Not in Attendance
2	43

Each symbol represents 5 hospitals.

JEWISH

In Attendance	Not in Attendance
33	10

Each symbol represents 5 hospitals.

ITALIAN

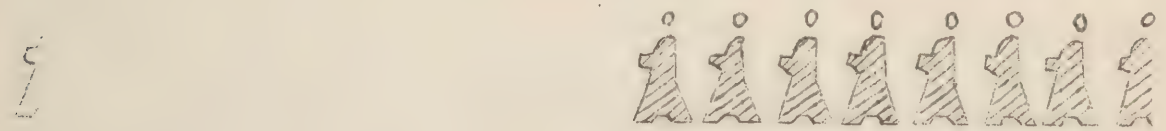
In Attendance	Not in Attendance
31	10

Each symbol represents 5 hospitals.

RESIDENT PRIVILEGES EXTENDED TO MINORITY PHYSICIANS

NEGRO

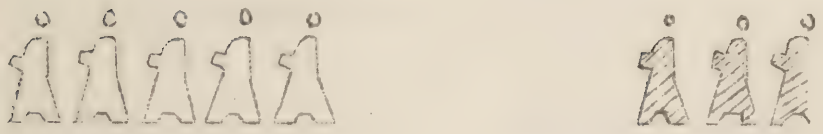
In Attendance	Not in Attendance
1	38



Each symbol represents 5 hospitals.

JEWISH

In Attendance	Not in Attendance
25	13



Each symbol represents 5 hospitals.

ITALIAN

In Attendance	Not in Attendance
24	12

Each symbol represents 5 hospitals.

Thirty-three of the 52 hospitals had Jewish internes, while Italians were internes in 31 hospitals. Ten hospitals had neither Jewish nor Italian internes in attendance. In the remaining number, information was not given as to any clear-cut policy in relation to other minorities. In two hospitals Jewish internes were formerly engaged, but are not at present.

Resident staff physicians were utilized in 63 of the 85 hospitals covered by this report. It has already been indicated that only one hospital had a full time Negro resident physician. Twenty-five hospitals had Jewish resident doctors and 24 hospitals had Italian resident physicians. Thirty-eight hospitals admitted they had no Negro residents; 13 stated there were no Jewish resident doctors, and 12 hospitals reported no Italian doctors in attendance.*

Educational Opportunities for Nurse Training

The most noteworthy changes in recognition of minorities in the field of medical care and education occurred in nurse training schools. Opportunities for Negro girls to become registered nurses in New Jersey institutions increased 100 per cent during the two-year period from 1947 to 1949.

In 1947 the study of the Urban Colored Population Commission reported that eight schools of nursing accepted Negro girls. The number of nursing schools revealed by the survey of the Division Against Discrimination indicated that 16 hospitals, of a total of 45 having nursing schools, enrolled Negro students by 1949.

*See footnote Page 9.

This encouraging trend forecasts greater employment gains for Negro registered nurses while opening up a vast reservoir of trainees and graduate nurses in a field that has experienced serious labor shortages. It will also serve as a stimulant to increase greater participation of Negroes in all professional and technical capacities in the hospitals of the State.

*Another one of the more forward-looking institutions realized that fewer administrative problems were encountered if discrimination of all kinds were banned. Negro student nurses are being accepted from a number of states along the Eastern Seaboard. Internships and residencies are held by Chinese doctors as well as by physicians of more numerous minorities. The administration had decreased its maintenance cost and had improved staff relationships between professional and non-professional help by maintaining one dining room. At Christmastime these excellent relationships were strengthened by a joint party of professional and non-professional staff people.

The table below indicates practices in regard to nurse training in 45 hospitals having schools of nursing in the total of the 85 hospitals covered by the survey.

Hospitals	Negroes	Jews	Italians
Schools Enrolling	16	32	28
Hospitals not Enrolling	28	7	0
Hospital Policy Unknown	0	5	17
Once in the past, not presently	1	1	0
Total No. Nurse Training Schools	45	45	45

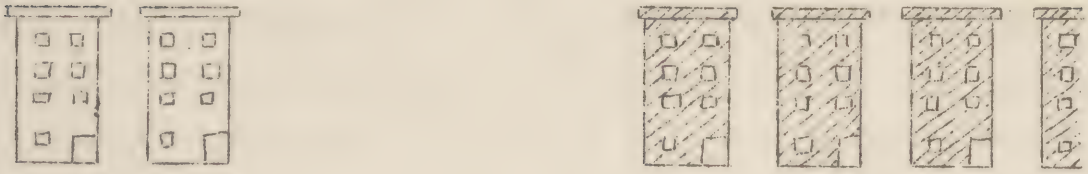
*Name will be furnished on request.

SCHOOLS OF NURSE TRAINING

NEGRO

Enrolled
16

Not Enrolled
28



Each symbol represents 8 schools of nursing.

JEWISH

Enrolled
32

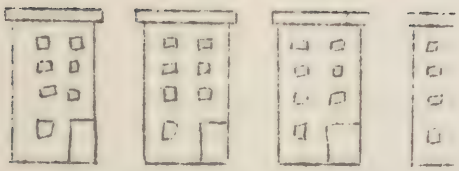
Not Enrolled
7

Each symbol represents 8 schools of nursing.

ITALIAN

Enrolled
28

Not Enrolled



Each symbol represents 8 schools of nursing.

The hospital survey made by the Division Against Discrimination in 1949, revealed there were 45 hospitals, of a total of 85 general hospitals, having schools of nursing. Seventeen (17) schools of nursing did not divulge whether Italians were or were not enrolled.

From the foregoing table it can readily be seen that Negro girls have less opportunity for nurse training than members of other minority groups. However, it should be pointed out, that some of those 28 hospital schools where no Negro girls were enrolled, could not be charged with discrimination against them. Some of those 28 hospitals have indicated a desire to admit qualified Negro girls, but have been unsuccessful so far because those Negro applicants who applied have not been in the upper half or one-third of high school graduating classes. Several of these hospitals employ Negro registered nurses, or extend courtesy or staff privileges to Negro physicians.

On the other hand, the statement that Negro girls have not met minimum requirements was used by some hospital administrators who did not desire Negro student nurses. One hospital official frankly stated that the Board of Trustees and medical staff opposed the training of Negro girls.

Statements of many other hospital directors, however, revealed that Negro girls were successfully introduced into the schools and nurses homes with a minimum of difficulty. One director stating:

"I told the other students that they were going to have colored students last September. We didn't have any trouble and now the colored students are doing excellent work."

Another official reported:

"We started training Negro girls three years ago. In each one of our classes (from freshman to senior) we have Negro girls. A Negro girl won the scholarship last year."

With reference to the housing of Negro trainees in school dormitories, one director said, "I made up my mind the best solution would be to place Negro and white girls in the same room. In the beginning there was some murmuring, but it has all disappeared now". This practice of placing Negro and white student nurses in the same room was also followed by several other hospitals. In some hospitals the Negro girls had individual rooms because all of the student nurses had single rooms. In still another instance, a hospital director did not feel free to accept Negro girls until such time as they could have their own single rooms.

Other Areas of Employment

Negro nurses' aides were employed in more hospitals than were members of any other minority group. Twenty-four of the 85 hospitals surveyed did not utilize the services of nurses' aides. Negro women were employed in 44 of the 61 hospitals using these services, but were excluded from 14. The table below illustrates the placement of minorities as nurses' aides.

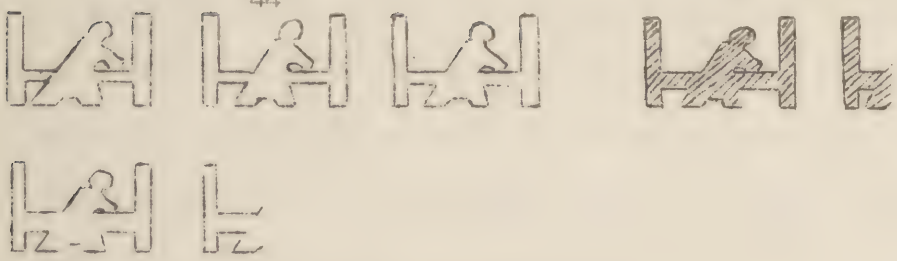
Hospitals	Negroes	Jews	Italians
Employed	44	39	32
Not Employed	14	13	5
Unknown	1	7	24
Formerly, not at present	1	1	0
Occasionally, if necessary	1	1	0
Total	61	61	61

MINORITY NURSES'-AIDES IN HOSPITALS

NEGRO

Employed
44

Not Employed
14

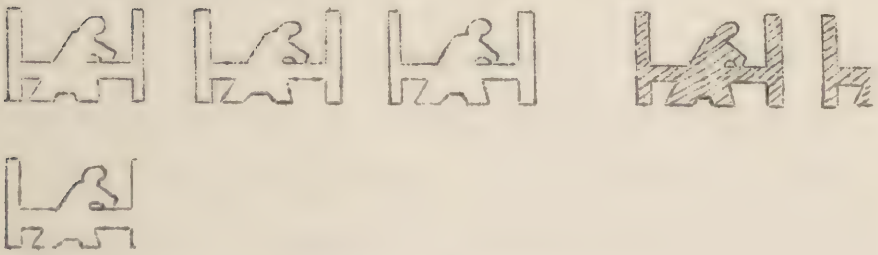


Each symbol represents 10 hospitals

JEWISH

Employed
39

Not Employed
13

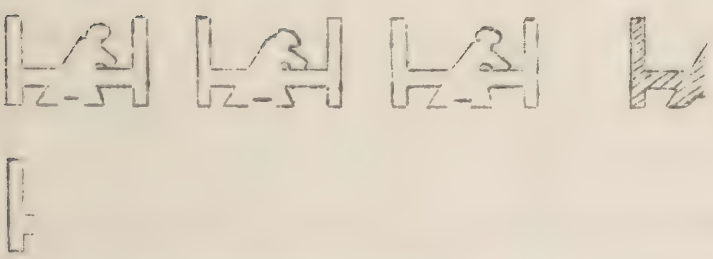


Each symbol represents 10 hospitals.

ITALIAN

Employed
32

Not Employed
5



Each symbol represents 10 hospitals.

During the war years factories opened their doors to women, and many of them left the less lucrative service jobs. Negro women found it more difficult to obtain industrial employment, quit domestic service work, and sought employment in these vacancies left open by white women. The job of nurses' aides fell in such a category. Every year since the war, more and more Negro women have entered this field of service.

Among nurses' aides were found some young girls who wanted to be nurses, but did not have the necessary qualifications or means to enter nursing school.

More Negroes were employed in the capacity of cooks than in any of the other job categories included in this study. Fifty hospitals of a total of 85, employed Negro cooks. This may be seen as a significant sidelight on the strength of the racial tradition, even in hospitals where Negro workers are widely accepted if employed in the role of cooks or menials.

Negroes were employed in 35 of 77 hospitals as wardmen or orderlies. Jews were hired as wardmen in 27 hospitals and Italians in 39 hospitals. Negroes were not among the employed wardmen in 38 hospitals; Jews were not found in 36; and Italian wardmen were absent in 24 hospitals.

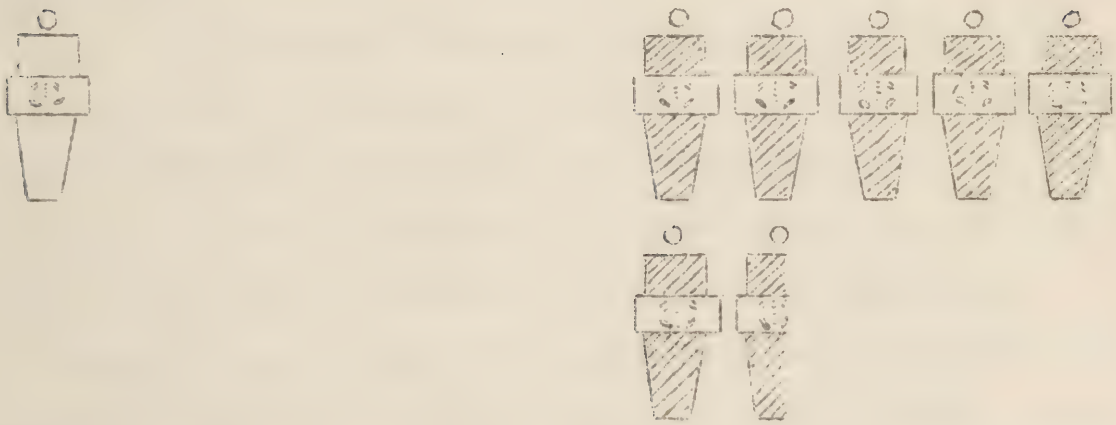
Another vocation that has offered Negroes new employment opportunities is that of hospital technicians. Negroes are employed as X-ray technicians, tissue technician, and one is engaged as general laboratory technician. Ten hospitals engage Negro technicians. Jewish and Italian technicians are employed in 37 and 52 hospitals respectively.

MINORITY TECHNICIANS IN HOSPITALS

NEGRO

Employed
10

Not Employed
67

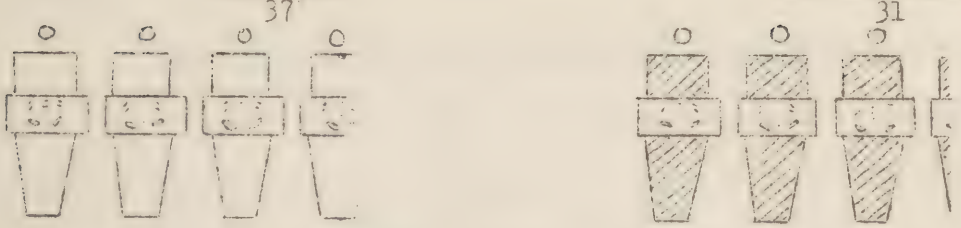


Each symbol represents 10 hospitals.

JEWISH

Employed
37

Not employed
31

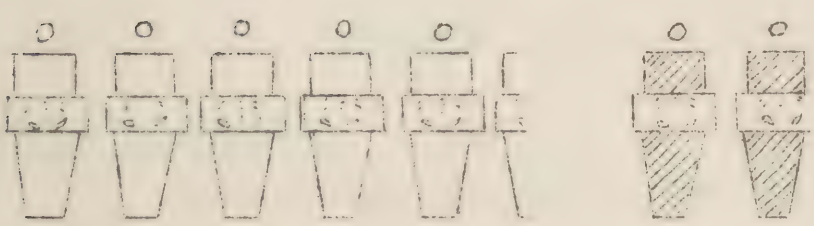


Each symbol represents 10 hospitals.

ITALIAN

Employed
52

Not Employed
19



Each symbol represents 10 hospitals.

Of the 67 hospitals where Negroes were not employed as technicians some of them indicated their desire to employ them, but have not had applications.

Applications

A uniform application blank for admission was utilized by most, if not all, of the schools of nursing. This application was copyrighted in 1935 by the National League of Nursing Education. It contained inquiries as to birthplace, race, and citizenship of applicant. Information was also required as to the birthplace, citizenship, occupation and date of death of the applicant's parents. Besides that information, the names of brothers and sisters, their birthdays, schoolin , and occupation were also required and a photo of the applicant was domanded.

Some applications for interneships wanted to know applicant's color, race and religion. This information was also requested by some hospitals for nurses, nurses' aides and general hospital help.

Other institutions, among them the largest in the State, saw no need for requesting one's race, color or nationality when seeking employment. Provisions of the New Jersey Anti-Discrimination Law have declared these questions to be unlawful, but it is to be remembered that these provisions apply only to hospitals that are owned and/or operated by units of government, or that are profit-making enterprises.

General Observations

With the broadening of the democratic processes occurring in New Jersey, it was inevitable that the practices and policies of

hospitals would be influenced. These forces have been created by the passage of the Anti-Discrimination Law, and the new constitutional amendments outlawing segregated schools and militia, and other forms of discrimination. Added impetus to these changes has been given by the recently enacted Civil Rights Law.

It was noted throughout the survey that changes have occurred in hospital personnel - professional and non-professional - during the two-year period 1947-1949. It has been indicated elsewhere that institutions can progress no further nor faster than their administrators and policy-making bodies will permit. A few hospitals have suffered from this condition, and have not kept up with the passing tide. The attitudes, policies, and practices of some hospitals seemed to be untouched by all of the progress and changes made in the field of medical service.

One hospital administrator offered the quaint observation that a separate hospital for Negroes ought to be constructed by the city. According to this suggestion, the problem of Negro patients would be solved in this manner. Such a project would not only be segregation and discrimination at its worst, but would also be burdensome upon the public because of increased costs.

Wherever there has been or is segregation in providing services or facilities, there always have been serious differentials to the disadvantage of the weaker group and serious increase in cost to all. Despite the mercy-giving features of hospital administration, these differentials have worked to the disadvanta e of America's racial

minorities, as pointed out by the Report of the President's Committee on Civil Rights:

"Increased attention is being given throughout the United States to the health needs of our people. Minority groups are sharing in the improvements which are taking place. But there is serious discrimination in the availability of medical care, and many segments of our population do not measure up to the standards of health which have been attained by our people as a whole."[2]

Further statement of this problem by the President's Committee presented these facts:

"A more direct cause of unequal opportunity in the field of health is the discriminatory pattern that prevails with respect to medical facilities and personnel. Many hospitals will not admit Negro patients. The United States Public Health Service estimates on the basis of a preliminary survey that only approximately 15,000 hospital beds out of a total of one and one-half million beds are presently available to Negroes."[3]

It is to be remembered that in some areas of the Unites States, Negroes are completely denied admission to local hospitals due to prevailing racial customs and traditions. Although New Jersey is not

2. To Secure These Rights - The Report of the President's Committee on Civil Rights - Simon and Shuster, New York, 1947 - p. 71

3. ibid, To Secure These Rights - p. 73

bound by these same traditions, it has been the purpose of this report to discover the degree to which minorities in the State are recipients of full and non-discriminatory services and opportunities.

It is recognized that the amount and kind of medical care available to a patient depends upon his financial status. To a greater degree than in other minority group experience, many Negroes due to low income, cannot afford semi-private and private hospital accommodations. Even though some Negroes are able to pay for any type of hospital accommodations, 13 hospitals did not admit them to semi-private rooms, and four of these 13 hospitals would not permit Negroes to have private rooms. These accommodations were not denied to members of any other minority group.

This denial of room service imposes serious restrictions and limitations upon patients whose nature and degree of illness necessitates a semi-private or private room. In 25 hospitals Negroes and whites would not be placed in the same semi-private rooms. This condition serves to deprive Negroes of the best of hospital facilities where the maximum atmosphere for recovery is obtainable.

It is often offered as an argument in support of racial segregation or exclusion that "the hospital must consider the welfare of the patient". This consideration should be indiscriminate. The welfare of the Negro patient, or patient of any minority group, is as important to him, his family and his community, as is that of the majority group patient.

Several hospitals that had small maternity sections withheld maternity privileges from Negro mothers. A few other hospitals were

reluctant to place Negro and white mothers in the same wards or semi-private rooms because of alleged objections received from white mothers. Ironically enough, Negro nurses were often assigned to maternity sections and were also supervisors of these sections without such objections.

It was found in some hospitals that patients objected to the friendly visits by ministers of a different religious faith. This situation was handled by the listing of church membership of the patients, and by requesting religious leaders to visit only members of their faith.

All trends indicate that more and more registered Negro nurses will be employed in the hospitals of New Jersey. In some hospitals Negro girls will be engaged as graduate nurses upon completion of their training.

Still a few other hospitals having no schools of nursing, revealed that local Negro girls in schools of nursing would be hired if they applied after graduating from school and were able to meet scholastic requirements. Several of these hospitals were located in small communities where no Negro physicians were practicing anywhere in the county.

The outlook for Negro physicians is very promising. More of them are being granted courtesy privileges and staff memberships as the months pass by. Occasionally Negro physicians are requested to apply for courtesy or staff privileges. Some hospitals have stated that they would accept Negro physicians, but none of them have applied. In a few situations, this statement may be an excuse, in other instances it is a fact.

Several hospitals have indicated that Negroe internes would be accommodated but reported that to date they have received no applications. It has been pointed out that many doctors want to get training at the very largest hospitals. Opportunities are greater in these hospitals for specialization or diversification. As an extra inducement, residencies are sometimes available in large hospitals whereas the many smaller hospitals do not have residencies.

However, it cannot be overlooked that some Negro doctors are guilty of following the same pattern of thought as do other members of minority groups while seeking employment. If a member of his group is not known to be employed, nor ever seen working at a particular plant, he never applies at that factory for employment. This pattern is often pursued by some Negro doctors graduating from medical schools. They follow the pattern and custom of applying for internships at those few hospitals that are known to be interested in Negro internes. Many good hospitals are passed over as a result of such actions. This same observation, to a lesser degree, might apply to the minority registered nurse.

As more and more Negro physicians become attached to hospitals in the capacities of courtesy and staff members, the greater will be their opportunities to become clinical staff members. In some hospitals it is not possible to serve on the clinical staff until one has advanced above the courtesy level. Still other hospitals have indicated that Negro doctors can become clinical staff members if they make their requests known. In one hospital the trend is to serve in a clinical capacity first, before courtesy and staff privileges are granted.

Because of clinic hours, widespread practices of limiting assignments to venereal clinics only, and the demands of their own private patients, Negro doctors often hesitate to apply for clinical privileges.

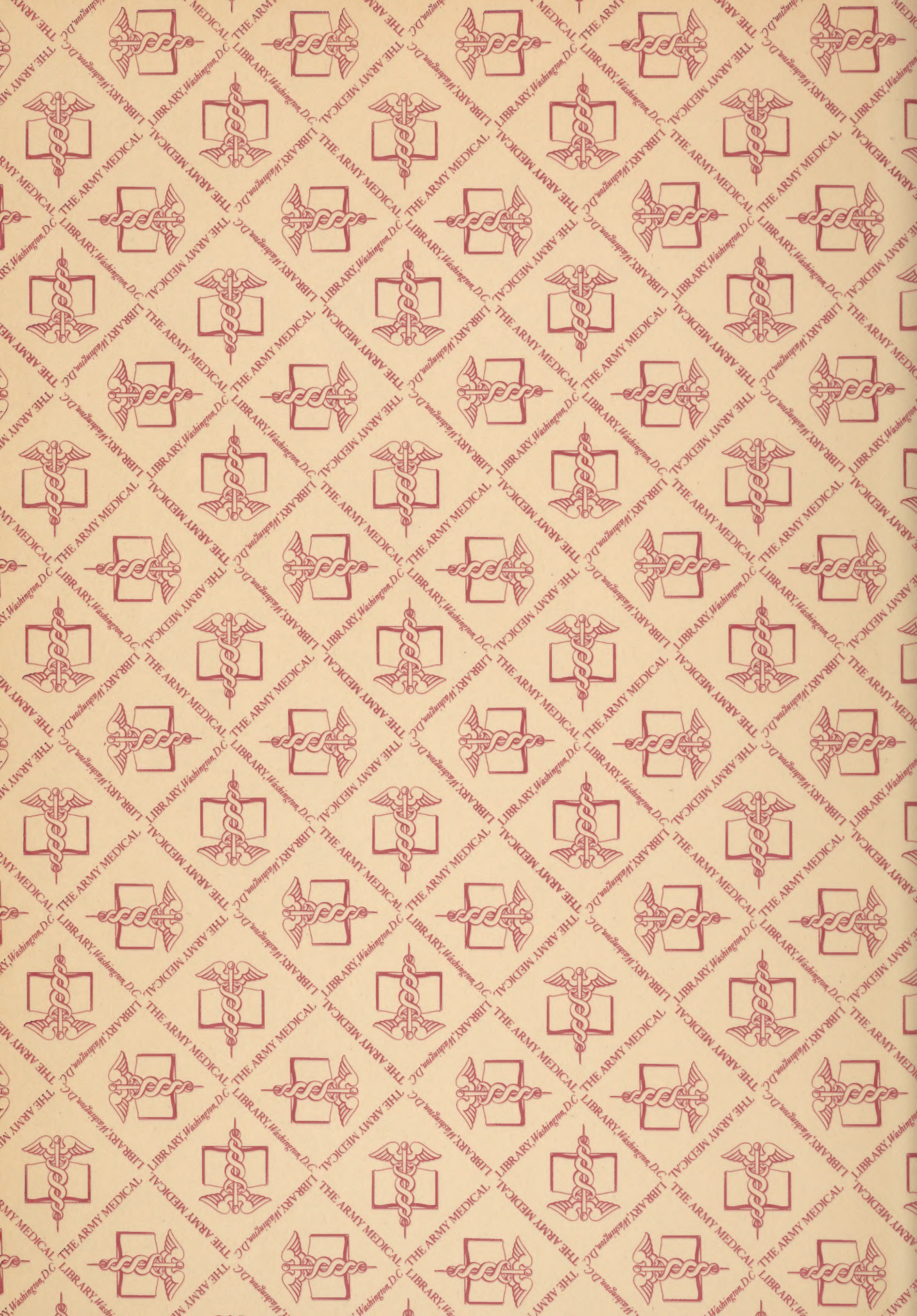
Jewish and Italian doctors have much less difficulty than Negro doctors in becoming affiliated with hospitals. It was previously pointed out in this study that only five and two hospitals respectively did not have Jewish and Italian doctors on their courtesy staffs.

The health of the people in the American community is the public's business, to such a serious degree as to lead to interminable debate between two schools of thought in the Western world. Should overnment assume a greater share of the responsibility, the cost and the direction of health programs, or should all of this be left to individual initiative and professional direction? No doubt, the answer to this question will be found in the extent to which the health protection agencies and facilities in a community are accessible to that segment of the community in greatest need of such services. Discrimination against racial and cultural minorities takes many forms, some of them ultimately being reflected in morbidity and mortality rates as well as needless financial costs to the total community.

Practices affecting members of minority groups have definitely improved in many New Jersey hospitals in the last few years. There is also no doubt practices in New Jersey as a whole are better than in many other parts of the country. However, there is still room and need for greater improvement in the future.

The fact that many of the hospitals reached in the course of this inquiry have advanced in policy and practice would lead to the questions: What factors have enabled these institutions to inaugurate democratic practices? What forces have given the insight, the moral courage, the fairness out of which have developed these practices?

Conversely, it would be pertinent to ask: How valid are the fears which cause administrators and their Boards to withhold recognition to minorities? These are some of the challenges this survey offers to hospital policy-makers in the State of New Jersey.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